## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This is appropriate. All further condicated unless corrected maintenance fee notificati	orrespondence including below or directed oth	or transmitting the ISS g the Patent, advance of crwise in Block 1, by	UE FEE and PUBLICATI orders and notification of n (a) specifying a new corres	pondence address; a	nd/or (b)	indicating a sepa	rate "FEE ADDRESS" for	
CURRENT CORRESPONDE	Fee(	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.						
5514 FITZPATRICK 30 ROCKEFELL NEW YORK, NY		Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.						
							(Depositor's name)	
							(Signature)	
							(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.			CONFIRMATION NO.	
10/626,650	07/25/2003		Masataka Yamashita	ita 02910.000070.		10.000070.	0. 1400	
TITLE OF INVENTION SAME, METHOD AND A	: METHOD OF MEAS APPARATUS FOR AD	SURING LUMINANCE JUSTING CHARACTE	OF IMAGE DISPLAY A ERISTICS OF THE SAME	PPARATUS, METH	HOD OF	MANUFACTURI		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE T	OTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0		\$1740	01/03/2008	
EXAMI	NER	ART UNIT	CLASS-SUBCLASS					
PIZIALI, JEFFREY J		2629	345-690000					
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED O			or agents OR, alternati  (2) the name of a single registered attorney or a registered patent attornessed, no name will be a THE PATENT (print or type).	s of up to 3 registered patent attorneys alternatively, of a single firm (having as a member a prince or agent) and the names of up to atent attorneys or agents. If no name is ne will be printed.  1 Fitzpatrick, Cella, 2 Harper & Scinto 3				
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG	SNEE	ified below, no assigne pletion of this form is N	e data will appear on the pOT a substitute for filing an (B) RESIDENCE: (CITY TOKYO, JAPA	assignment.  Yand STATE OR CO			ocument has been fried for	
		contagories (will not be	•		noration :	or other private gre	oup entity Government	
4a. The following fec(s) a  X Issue Fee	o small entity discount		b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fec(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3939 (enclose an extra copy of this form).					
5. Change in Entity Stat	s SMALL ENTITY statu	us. See 37 CFR 1.27.	☐ b. Applicant is no lor					
NOTE: The Issue Fee and interest as shown by the r	d Publication Fee (if req records of the United Sta	uired) will not be accep ites Patent and Tradema	ted from anyone other than rk Office.	ine applicant; a regis	tered atto	mey or agent; or ti	ie assignee of other party in	
Authorized Signature	fran	Date October 16, 2007						
	Frank A. De	Registration No. 42,476						
an application. Confident	hality is governed by 35 application form to the ons for reducing this building a 22313-1450. DC	U.S.C. 122 and 37 CF	tion is required to obtain or R 1.14. This collection is es ry depending upon the indi the Chief Information Offic R COMPLETED FORMS T	unidual acco. Any cor	nmente o	n the amount of ti	me von require to complete	

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.